



Agency Interest No. \_\_\_\_\_

**Louisiana Department of Environmental Quality**  
**Financial Services Division**  
**Post Office Box 430**  
**Baton Rouge, Louisiana 70821-4303**  
**Phone: (225) 219-3863**

**WASTE TIRE TRANSPORTER NOTIFICATION FORM**

**DEQ Facility No:** \_\_\_\_\_  
(To be assigned by Department)

**Authorization Certificate No: T-** \_\_\_\_\_  
(To be assigned by Department)

**I. Applicant Information** (Print Legibly or Type)

<b>Business/Property Owner/Contact:</b>	<b>Contact person:</b>	
<b>Business/Organization:</b>	<b>Physical Location/Street Address:</b>	
<b>Mailing Address:</b>	<b>City, State:</b>	
<b>City, State, Zip:</b>	<b>Zip:</b>	<b>Parish:</b>
<b>Parish</b>	<b>Business Phone No:</b>	

**II. Tax ID No.**

<b>Federal Tax ID No:</b>	<b>State Tax ID No:</b>
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**III. Fees**      **Transporter fees: \$100 per year** (July 1-June 30)      **Each Vehicle: \$25 per year** (July 1-June 30)

**\*Submit all fees by check or money order, made payable to the LDEQ, and mail to the above address.**  
**Attach current proof of liability insurance for each vehicle that will be utilized for the transport of waste tires.**

**IV. Vehicle Information:** On a separate page, list additional vehicles and information transporting waste tires.

<b>Make</b>	<b>Model</b>	<b>Year</b>	<b>License Number</b>	<b>Registered Owner</b>

**V. CERTIFICATION**

I have personally examined and am familiar with the information submitted in this document and LAC 33:VII.Chapter 105, and hereby certify under penalty of law that this information is true, accurate, and complete to the best of my knowledge. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

Revised: 7-10-02